Director

Agency:

Serial Number:



Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Manufacturer:	Guth					
Model Number:	12V500					
	CALIBRATION RESULTS					
		Referen Temperat 34.02	<u>ture</u>	Simulato Temperatu 34.01		
This calibration was performed with NIST-Traceable Thermometer SN:			715			
This simulator was tested by:		JLC	JLC			
This testing was performed:		_07/2	07/29/15			
This certification expires:		07/2	07/29/16			
Signature of certifying	ng DHSS Scien	ntist: 🚄	5			
Name of certifying DHSS Scientist:		: Bria	n M. l	Lutmer		

Missouri State Highway Patrol

MP2505

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Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Jeremiah W. (Jay) Nixon Governor



Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIME LATOR TEST WORKSHEET

Test Simulator Infor	<u>mation</u>			
Адепсу	Missouri	State Highw	My Paral	CDØ56Ø7
Email for COC	. · · · · · · · · · · · · · · · · · · ·	EVE AND EM	SHP DPS Mo. GOV	COPY OF LABEL PLACED
Serial Number:	7 / M	PZSVK	ON SIMULATOR	
Manufacturer:	6	<u> </u>		
Model Number:	12	.V5ØØ		
NIST-Traceable Refe	erence Thermor	ncter Information		TOWN CONTROL
Serial Number:	VILLA VILA VI			
Date of Certification:	 ,	TO A		
Date of Expiration:	** *** **	ØX/19/15	TAL NO.	
Test Simulator Measu				
		Reference		2711S
	Readings	Thermometer	Test Simulator	Me St
		<u>34.ø3</u>	34.01	, , , , , , , , , , , , , , , , , , ,
	2	34.82	34.001	1 1 1 1 1 1
	3	34,03	34,01	
	4	34.82	34,81	
and the second s	5	34.02	34.01	
Bias (δ_T) :				
Technician performing	g testing:	immy Li	leveland	
I hereby certify that all data sof Breath Alcohel Simulators	submitted within the and 19 CSR 25-30	is form was collected in 0.051, Breath Analyze		Procedure for the Testing prification Standards.
Signature:			Date: 7-29-15	
Submit completed tornwior s	simulator certificati		······ — — — — — — — — — — — — — — — —) 840-9139 or by email at

Healthy Missourlans for life. The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

www.health.mo.gov

hrien, huma va health.mo.gov or breathalcohol@health.mo.gov.